

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 01/22/02 through 04/30/02.
- b. The request was received on 07/26/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 10/01/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 10/02/02. The response from the insurance carrier was received in the Division on 10/15/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1) (2), the only dates of service eligible for review is are 01/22/02 through 04/30/02.
2. Per the provider's TWCC-60, the amount billed is \$12,080.00; the amount paid is \$0.00; the amount in dispute is \$11,940.
3. The carrier denied the billed services by codes:
"TX O Denial After Reconsideration 7-10-02 TWCC62 SECOND DENIAL - RECONSIDERATION DENIED BY ADJUSTER – NOT NECESSARY TREATMENT";
"TX N NOT DOCUMENTED TWCC 62 CLAIM DENIED NOT NECESSARY TREATMENT...REFER TO FILE HANDLER FOR RECONSIDERATION";
"TX U Unnecessary Treatment (Without Peer Review) 7-10-02 TWCC62 DENIED BY ADJUSTER – UNNECESSARY TREATMENT";
"TX F Fee Guidelines MAR Reductions";
"TX E Entitlement to Benefits";
"TX T Treatment Guidelines"
4. The provider received authorization for 20 sessions of Work Hardening on 01/16/02 and 15 sessions on 03/27/02. The provider did not exceed the authorized number of sessions.
5. The provider withdrew date of service 04/30/02 CPT code 97750-FCE via fax on 01/08/02. The withdrawal is filed in Exhibit I of the case file.
6. The insurance carrier used "T" as a denial code for dates of service after January 1, 2002. TWCC Advisory 2002-11 notifies that Article 6 of House Bill 2600 adopted by the 77th Texas Legislative Session abolished the treatment guidelines on January 1, 2002. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance company for dates of service on or after January 1, 2002. Therefore, the exception code "T" will not be addressed for any dates of service in this medical dispute. The dates of service in dispute denied by exception code "T" were also denied by exception code "U". The medical dispute involves preauthorization issues which will be addressed in the Table of Disputed Services in this Findings and Decision.
7. Two dates of service have the exception code of "E" or "Entitlement to Benefits". The TWCC system does not indicate that the insurance carrier has filed a TWCC 21 form disputing the injured worker's entitlement to benefits. The carrier did not submit a response to the medical dispute and no TWCC 21 form disputing entitlement to benefits was submitted with the medical dispute packet. The "E" exception code will not be addressed. The dates of service in dispute denied by exception code "E" were also denied by exception code "U". The medical dispute involves preauthorization issues which will be addressed in the Table of Disputed Services in this Findings and Decision.

8. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/22/02 01/23/02 01/24/02 01/25/02 02/11/02 02/12/02 02/13/02 02/14/02 04/04/02	CPT codes 97545-WH-AP for all DOS and 97546-WH-AP for all DOS	DOS 02/12/02 97546-WH-AP \$130.00 All DOS 97545-WH-AP \$130.00 All other DOS 97546 WH-AP \$260.00	\$0.00 for all DOS	N	\$64.00 per hour	Rule 133.307 (g) (3) (B); CPT descriptor	The provider failed to submit documentation for dates of service noted to substantiate that the services were rendered. Rule 133.307 (g) (3) (B) requires that the requestor shall include a copy or copies of pertinent medical records or documents relevant to the fee dispute. No reimbursement is recommended.
04/10/02 04/22/02 04/23/02 04/24/02 04/25/02	CPT codes 97545-WH-AP for all DOS and 97546-WH-AP for all DOS	DOS 04/10/02 97545-WH-AP \$130.00 97546-WH-AP \$260.00 All other DOS 97545-W-AP \$128.00 97546-WH-AP \$256.00	\$0.00 for all DOS	U	\$64.00 per hour	Rule 133.301 (a); Rule 134.600 (b) (1) (B); MFG MGR (II) (C), (E), (E) (4), (5); CPT descriptor	The provider obtained preauthorization for the dates of service in dispute prior to providing the services and did not exceed the authorized number of sessions. The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments or services for which the health care provider has obtained preauthorization under Chapter 134 of this title. According to Rule 134.600 (b) (1) (B), "The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury listed in subsection (h)... only when the following situations occur:...preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care...." Accreditation by CARF is recommended, but not required. If the program is accredited, then the modifier "-AP" shall be used in addition to the other modifiers used for interdisciplinary programs. If the program is not CARF approved and the MAR is listed, the hourly reimbursement shall be reduced by 20%. The hourly reimbursement for the Work Hardening program is \$64.00 an hour. The first two hours of Work Hardening shall be billed using CPT code 97545-WH. Each additional hour is billed by using CPT code 97546-WH. Work Hardening is a highly structured, goal-oriented individualized treatment program designed to maximize the individual to return to work. Work Hardening is an interdisciplinary team program geared to provide a transitional service of managing the injury and returning the injured worker back to work. The program is to use real or simulated work activities for the injured worker to prepare to return to work. Medical documentation indicates services were rendered on the following DOS: DOS 04/10/02: 6 hours billed. Documentation indicates 4 hours of service rendered. Reimbursement of \$256.00 recommended. (\$64.00 x 4 = \$256.00) DOS 04/22/02: 6 hours billed. Documentation indicates 4 hours of service rendered. Reimbursement of \$256.00 recommended. (\$64.00 x 4 = \$256.00) DOS 04/23/02: 6 hours billed. Documentation indicates 3:15 hours of service rendered. Reimbursement of \$208.00

							<p>is recommended. (\$64.00 x 3 = \$192.00) (:15 minutes or ¼ of \$64.00 is \$16.00) (\$192.00 + \$16.00 = \$208.00)</p> <p>DOS 04/24/02: 6 hours billed. Documentation indicates 3 hours of service rendered. Reimbursement of \$192.00 recommended. (\$64.00 x 3 = \$192.00)</p> <p>DOS 04/25/02: 6 hours billed. Documentation indicates 2:30 hours of service rendered. Reimbursement of \$160.00 is recommended. (\$64.00 x 2 = \$128.00) (:30 minutes or ½ of \$64.00 is \$32.00) (\$128.00 + \$32.00 = \$160.00)</p> <p>Total reimbursement recommended is \$1,072.00.</p>
01/29/02 01/30/02 01/31/02 02/18/02 02/19/02 02/20/02 02/21/02	CPT codes 97545-WH-AP for all DOS and 97546-WH-AP for all DOS	All DOS 97545-WH-AP \$130.00 DOS 01/31/02 97546-WH-AP \$325.00 DOS 02/18/02 97546-WH-AP \$195.00 All other DOS 97546-WH-AP \$260.00	\$0.00 for all DOS	F	\$64.00 per hour	MFG MGR (II) (C), (E) (4) (5); Rule 133.307 (g) (3) (B); CPT descriptor	<p>Accreditation by CARF is recommended, but not required. If the program is accredited, then the modifier “-AP” shall be used in addition to the other modifiers used for interdisciplinary programs. If the program is not CARF approved and the MAR is listed, the hourly reimbursement shall be reduced by 20%. The hourly reimbursement for the Work Hardening program is \$64.00 an hour. The first two hours of Work Hardening shall be billed using CPT code 97545-WH. Each additional hour is billed by using CPT code 97546-WH.</p> <p>DOS 01/29/02: 6 hours billed. Documentation indicates 3 hours of service rendered. Reimbursement of \$192.00 recommended. (\$64.00 x 3 = \$192.00)</p> <p>DOS 01/30/02: 6 hours billed. Documentation indicates 2:30 hours of service rendered. Reimbursement of \$160.00 is recommended. (\$64.00 x 2 = \$128.00) (:30 minutes or ½ of \$64.00 is \$32.00) (\$128.00 + \$32.00 = \$160.00)</p> <p>DOS 01/31/02: 6 hours billed. Documentation indicates 2 hours of service rendered. Reimbursement of \$128.00 recommended. (\$64.00 x 2 = \$128.00)</p> <p>DOS 02/18/02: 5 hours billed. Documentation indicates 3:45 hours of service rendered. Reimbursement of \$240.00 is recommended. (\$64.00 x 3 = \$192.00) (:45 minutes or ¾ of \$64.00 is \$48.00) (\$48.00 + \$192.00 = \$240.00)</p> <p>DOS 02/19/02: 6 hours billed. Documentation indicates 3 hours of service rendered. Reimbursement of \$192.00 recommended. (\$64.00 x 3 = \$192.00)</p> <p>DOS 02/20/02: 6 hours billed. Documentation indicates 3 hours of service rendered. Reimbursement of \$192.00 recommended. (\$64.00 x 3 = \$192.00)</p> <p>DOS 02/21/02: 6 hours billed. Documentation indicates 4 hours of service rendered. Reimbursement of \$256.00 recommended. (\$64.00 x 4 = \$256.00)</p> <p>Total reimbursement recommended is \$1,360.00</p>

MDR: M4-02-4784-01

02/01/02 02/04/02 02/05/02 02/08/02 04/08/02 04/09/02 04/11/02 04/15/02 04/16/02 04/18/02	CPT codes 97545-WH-AP for all DOS and 97546-WH-AP for all DOS	DOS 02/01/02 02/04/02 02/05/02 02/08/02 04/08/02 04/09/02 04/11/02 97545-WH-AP \$130.00 DOS 04/15/02 97545-WH-AP \$120.00 DOS 04/16/02 04/18/02 97545-WH-AP \$128.00 DOS 02/01/02 02/04/02 02/05/02 02/08/02 04/08/02 04/11/02 97546-WH-AP \$260.00 DOS 04/15/02 04/16/02 04/18/02 97546-WH-AP \$256.00 DOS 04/09/02 97546-WH-AP \$130.00	\$0.00 for all DOS	N	\$64.00 per hour	Rule 133.307 (g) (3) (B); MFG MGR (II) (E) (4) (5); CPT descriptor	<p>The provider submitted medical documentation which includes partial documentation for some of the dates of service. None of the dates of service in dispute indicate the hours the injured worker participated in the program is equal to the hours billed by the provider on the HCFAs-1500 submitted to the insurance carrier for the DOS in dispute and on the provider Daily Activity Reports. In accordance with Rule 133.307(g) (3) (B), the requestor shall include a copy or copies of pertinent medical or documentation relevant to the fee dispute. The hourly reimbursement for the Work Hardening program is \$64.00 an hour. The first two hours of Work Hardening shall be billed using CPT code 97545-WH. Each additional hour is billed by CPT code 97546-WH.</p> <p>DOS 02/01/02: 6 hours billed. Documentation indicates 2 hours of service rendered. Reimbursement of \$128.00 recommended. (\$64.00 x 2 = \$128.00)</p> <p>DOS 02/04/02: 6 hours billed. Documentation indicates 4 hours of service rendered. Reimbursement of \$256.00 recommended. (\$64.00 x 4 = \$256.00)</p> <p>DOS 02/05/02: 6 hours billed. Documentation indicates 2 hours of service rendered. Reimbursement of \$128.00 recommended. (\$64.00 x 2 = \$128.00)</p> <p>DOS 02/08/02: 6 hours billed. Documentation indicates 1:30 hours of service rendered. Reimbursement of \$96.00 is recommended.) (\$64.00 x 1 = \$64.00) (:30 minutes or ½ of \$64.00 is \$32.00) (\$64.00 + \$32.00 = \$96.00)</p> <p>DOS 04/08/02: 6 hours billed. Documentation indicates 4 hours of service rendered. Reimbursement of \$256.00 recommended. (\$64.00 x 4 = \$256.00)</p> <p>DOS 04/09/02: 4 hours billed. Documentation indicates 2 hours of service rendered. Reimbursement of \$128.00 recommended. (\$64.00 x 2 = \$128.00)</p> <p>DOS 04/11/02: 6 hours billed. Documentation indicates 4:30 hours of service rendered. Reimbursement of \$288.00 is recommended.) (\$64.00 x 4 = \$256.00) (:30 minutes or ½ of \$64.00 is \$32.00) (\$256.00 + \$32.00 = \$288.00)</p> <p>DOS 04/15/02: 6 hours billed. Documentation indicates 4 hours of service rendered. Reimbursement of \$256.00 recommended. (\$64.00 x 4 = \$256.00)</p> <p>04/16/02: 6 hours billed. Documentation indicates 2 hours of service rendered. Reimbursement of \$128.00 recommended. (\$64.00 x 2 = \$128.00)</p> <p>04/18/02: 6 hours billed. Documentation indicates 2:30 hours of service rendered. Reimbursement of \$160.00 is recommended. (\$64.00 x 2 = \$128.00) (:30 minutes or ½ of \$64.00 is \$32.00)</p> <p>Total amount recommended is \$1,824.00.</p>
02/19/02	97750-fc	\$100.00	\$0.00	N	\$100.00 per hour	MFG MGR (I) (E) (a) (b); CPT descriptor	<p>The provider failed to document the entire elements required for a Functional Capacity Evaluation. A FCE does not require preauthorization. No reimbursement is recommended.</p>
Totals		\$12,080.	\$0.00				The Requestor is entitled to reimbursement in the amount of \$4,256.00

The above Findings and Decision are hereby issued this 10th day of January 2003

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$4,256.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 10th day of January 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm